

# EMPLOYMENT OPPORTUNITY

20 East Sixth Street • Tempe, Arizona 85281 • 480/350-8276 • TDD 480/350-8400  
<http://www.tempe.gov>



Committed to Equal Opportunity and Reasonable Accommodation

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## REVISED

### KID ZONE ENRICHMENT PROGRAM SITE COORDINATOR

(Assistant Recreation Coordinator)

(Community Services – Social Services – KIDZONE Enrichment Program)

Recruitment Code #: 300209

**There are currently 4 positions available:**

3 full-time (40 hours/week) and 1 part-time (30 hours/week)

Employees in these positions are represented by the Tempe Supervisor's Association (TSA).

**OPENING DATE:** September 2, 2008

**CLOSING DATE:** Open until the needs of the City are met. First review date will be  
**September 16, 2008;** this recruitment may close at this time.

**HOURLY PAY RATE: \$19.68 - \$26.57**

This position is FLSA Non-Exempt –eligible for overtime compensation and/or compensatory time.

**THE ATTACHED SUPPLEMENTAL FORM MUST BE COMPLETED AND TURNED IN WITH YOUR APPLICATION. Applications that do not have this document will be disqualified.**

### MINIMUM QUALIFICATIONS

#### **Education:**

Requires the equivalent to the completion of an Associate's of Arts degree in recreation administration, elementary education or a related field.

*The term "equivalent" means that directly related work experience exceeding the required work experience will substitute in equal time increments for college-level education, for example: one year of additional directly related work experience will substitute for one year of college educations (30 credit hours).*

#### **Work Experience:**

Requires the equivalent to two years recreation programming, elementary educational enrichment programming or early childhood education. Some facility management experience is desirable.

*Candidates must have the minimum amount of work experience. Education will not substitute for the required work experience; however, related unpaid and / or volunteer work experience may be used as qualifying work experience.*

#### **Certifications, Licenses, and/or Registrations:**

- Requires possession of, or ability to obtain, an appropriate, valid CPR and First Aid Certificate within 30 days of hire.
- Requires possession of, or ability to obtain an AZ DHS Site Director Certificate.

### **ADDITIONAL REQUIREMENT**

**This position may require a physical examination.** If requesting veteran's preference, the appropriate DD214 must be attached at the time of application.

### **REPRESENTATIVE DUTIES**

For the complete job description go to: <http://www.tempe.gov/jims/>

- Assist and participate in the direction of daily operations for a large recreational facility.
- Supervise assigned temporary and voluntary staff; participate in the selection of temporary and voluntary staff; provide or coordinate staff, volunteer and contract staff training.
- Oversee morning pager on rotational basis; report and record absences; place appropriate substitute staff at sites.
- Organize two special events per semester.
- Mentor assigned program manager sites, to include planning, special events, training and staffing.
- Independent of supervisor, coordinate a site council for Assessing School Age Quality standards and prepare the site for accreditation.
- Provide training workshops for staff.
- Assist in the interviewing process for part-time temporary staff.
- Ensure compliance with DHS and DES regulations.
- Coordinate and communicate effectively with City of Tempe employees, school district staff, parents and community organizations.
- Participate in the Kid Zone Enrichment Program's Fall, Winter and Spring camps.
- Perform related duties as assigned.

### **SELECTION CRITERIA**

An official City of Tempe application must be filled out in order to be considered for this position. Applicants whose experience and training most closely suit the needs of the City may be selected for further testing/interviews. The City of Tempe conducts thorough background checks. Falsifying information or lying during any stage of the selection/hiring process will make you ineligible for new or continued City employment.

**TLM/mcp**

**ASSISTANT RECREATION COORDINATOR  
SUPPLEMENTAL FORM  
RC# 300209**

**THIS FORM MUST BE COMPLETED AND TURNED IN WITH YOUR APPLICATION.  
Applications that do not have this document will be disqualified.**

We have **four (4)** Assistant Recreation Coordinator positions available in the Community Services Department. Please indicate below which area you are interested in applying for:

**40 hours per week position (Full-time).** There are three (3) of these positions available. These positions require employees to work a split shift (6:15-8:30 am and 12:00-6:00pm) daily. Hours may vary by site.

**30 hours per week position (Part-time).** There is one (1) position available. This position requires the employee to work a split shift - a minimum of 2 morning shifts per week (6:15-8:30 am) and 5 afternoon shifts per week (12:00-6:00).

**All of the above.**



# City of Tempe / Application for Employment

City of Tempe / Human Resources / 20 East Sixth Street / Tempe AZ 85281 / (480) 350-8276 / TDD (480) 350-8400 / <http://www.tempe.gov>

**The City of Tempe is an Equal Opportunity / Reasonable Accommodation Employer.**

***The City of Tempe Promotes a Drug and Alcohol Free Workplace.***

## DIRECTIONS:

Read the recruitment bulletin before completing this application - request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly in black ink. Sign this application and all other forms. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from City Service.

1. Position Applying For: \_\_\_\_\_ Recruitment Code (RC#): \_\_\_\_\_
2. Name (Last, First, Middle Initial): \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
Street Address City State Zip
5. Phone Number: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_
6. Driver's License (Number, State, Class): \_\_\_\_\_
7. Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? Yes No
8. Have you ever worked for the City of Tempe? Yes No If Yes, from \_\_\_\_\_ (Mo/Yr) to \_\_\_\_\_ (Mo/Yr)  
If you are a current City of Tempe employee, are you: Temporary? Regular?  
Have you completed your initial six (6) month probationary period? Yes No
9. To assist us with verifying previous work experience and /or education, please list other names you have gone by:  
\_\_\_\_\_
10. Type of position you will accept: Full Time Part Time Regular Temporary
11. Are you claiming Civil Service Preference for Veteran's under ARS 38-492:
  - As a qualified or disabled veteran? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
  - As a spouse of an eligible veteran pursuant to ARS 38-492(D)? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
12. Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee? Yes No If Yes, indicate his/her **Name, Position, and Relationship to you:**  
\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE**

Q ☐ NQ ☐ A ☐ B ☐ C ☐ Application Entered ☐

HR Review ☐

Date

Department Review ☐

Date

***Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.***

13. Do you have a High School Diploma or a G.E.D.?      Yes      No

14. Education from an **Accredited** College/University:

College:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes    No	
			Yes    No	
			Yes    No	
			Yes    No	

15. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes    No	
			Yes    No	

16a. Professional Registration(s), License(s), and/or Certification(s) you possess ***that relate to this position:***

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

16b. Special training ***that relates to this position:***

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17. List computer software program(s) with which you are proficient in operating ***that relate to this position:***

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18. List equipment with which you are proficient in operating ***that relate to this position:***

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19. Language Proficiency (Other than English):

Language:	Speak:	Read:	Write:
	Yes    No	Yes    No	Yes    No
	Yes    No	Yes    No	Yes    No
	Yes    No	Yes    No	Yes    No

20. **May we contact your current employer if you are considered for hire/promotion?**      Yes      No

***You may make copies and use as many of these sheets as necessary to continue your employment history.***

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated ***solely*** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

**DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.**

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Present/Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

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Employer:	Type of Business:		
Address:	Phone:		
Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Present/Ending Wage: \$ Per		
Work Performed:			
Reason for Leaving:			

Employer:	Type of Business:		
Address:	Phone:		
Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Ending Wage: \$ Per		
Work Performed:			
Reason for Leaving:			

Employer:	Type of Business:		
Address:	Phone:		
Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Ending Wage: \$ Per		
Work Performed:			
Reason for Leaving:			

Employer:	Type of Business:		
Address:	Phone:		
Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Ending Wage: \$		Per
Work Performed:			
Reason for Leaving:			

21. Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?

Yes No If Yes, please explain:

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22. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)?

*Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including minor/civil offenses) should be reported.*

Yes No If Yes, provide charges, dates and locations:

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**Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.**

**PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL .**

I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from City Service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

By checking this box and typing your name below, you certify that you have read and understand the above paragraph.

Print Applicant's Name: \_\_\_\_\_ Date\_\_\_\_\_

Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

***The City of Tempe does not accept faxed copies of applications.***





## Optional Employment Data Record

Completing ethnicity, gender, age and disability information is **OPTIONAL**; it is used for statistical reporting purposes only. It is **NOT** disclosed to the hiring department.

Position Applied for: \_\_\_\_\_ RC#: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Gender: Female Male

Disabled: Yes No

**Ethnic Group:**

White

Black

Hispanic

Asian

American Indian

Other

**Age Group:**

16 and under

17 – 20

21 – 29

30 – 39

40 +

Highest grade completed: \_\_\_\_\_

How did you hear about this position: \_\_\_\_\_